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MILLENNIUM CHALLENGE CORPORATION
UNITED STATES OF AMERICA

# Imunizasaun Proteje Labarik

## Quarterly Report: October-December 2012

Date: 21 January 2013

*The Threshold Project on Immunization supports the Democratic Republic of Timor-Leste and its Ministry of Health to immunize all infants from vaccine preventable diseases. The project is made possible by the generous support of the American people through the Millennium Challenge Corporation (MCC) and the United States Agency for International Development (USAID).*

# CONTENTS



# LIST OF ACRONYMS

| | | |
|---|---|---|
| BSP | : | Basic Service Package |
| CCT | : | Clinic Café Timor |
| CCVM | : | Cold Chain and Vaccine Management |
| CHC | : | Community Health Center |
| DHS | : | District Health Services |
| DPHO | : | District Public Health Officer |
| DPT3 | : | Third dose of Diphtheria, Pertussis and Tetanus Vaccine |
| EPI | : | Expanded Program on Immunization |
| GAVI | : | Global Alliance for Vaccines and Immunization |
| HAI | : | Health Alliance International |
| Hib | : | *Haemophilus influenzae type b* |
| HIP | : | Health Improvement Project (local known as HADIAK) |
| HMIS | : | Health Management Information System |
| HSS | : | Health System Strengthening |
| IIP | : | Immunization In Practice |
| JSI | : | John Snow, Inc. |
| MCC | : | Millennium Challenge Corporation |
| MCH | : | Maternal and Child Health |
| MCHIP | : | Maternal and Child Health Integrated Program |
| MLM | : | Mid-Level Management |
| MOE | : | Ministry of Education |
| MOF | : | Ministry of Finance |
| MOH | : | Ministry of Health |
| MoU | : | Memorandum of Understanding |
| NGO | : | Nongovernmental Organization |
| PDSS | : | *Plano Dezenvolvmento Saúde Suco (*Suco Health Planning) |
| PRA | : | Participatory Rural Appraisal |
| PSF | : | *Promotor Saúde Familia* (Community Health Volunteer) |
| SISCa | : | *Serviço Integrado da Saúde Communitária* |
| SS | : | Supportive Supervision |
| ToR | : | Terms of References |
| UNFPA | : | United Nations Population Fund |
| UNICEF | : | United Nations Children's Fund |
| USAID | : | United States Agency for International Development |
| WHO | : | World Health Organization |

# INTRODUCTION

Since the Democratic Republic of Timor-Leste (RDTL) emerged from decades of turmoil in 2000, its Expanded Program on Immunization (EPI) has made significant progress. Nonetheless, it continues to report the lowest administrative and official immunization coverage in the WHO South East Asia Region. The Timor-Leste Demographic and Health Survey (TLDHS) 2009-2010 showed immunization coverage for one-year olds in Timor-Leste at 66.7% for completed diphtheria, tetanus and pertussis (DTP3) and 68.2% for measles. This puts the DTP3/measles average at 67.5%. A particularly alarming finding from the TLDHS 2009-2010 was that 22.7% of one-year-olds had never received a vaccination. This means that many infants and young children are seriously exposed to risks of preventable disease and death.

Funded by the Millennium Challenge Corporation (MCC) through USAID, the *Imunizasaun Proteje Labarik* (Immunization Protects Children) project is assisting the RDTL in its efforts to increase DPT3 and measles immunization coverage rates nationally to 81.5%. The project targets seven districts (Ainaro, Baucau, Dili, Ermera, Liquiça, Manufahi, and Viqueque) where more than 75% of unreached Timorese children under the age of one reside. A complementary goal is to strengthen the EPI so it is able to sustain and expand the gains realized beyond this project.

*Imunizasaun Proteje Labarik* (IPL) assists the Ministry of Health (MOH) improve its ability to achieve the medium-term priorities set out in the comprehensive Multi-Year Plan (cMYP) for Immunization 2009-2013, and in turn to reduce child morbidity and mortality associated with vaccine-preventable diseases. To achieve the project's ambitious goals, IPL collaborates with the MOH to:

- Strengthen service delivery to identify and reach unimmunized children at least five times a year,
- Strengthen district and CHC-level program management capacity and technical skills among government health personnel,
- Strengthen SISCa as an effectively functioning community-based outreach mechanism for providing immunization and other health services, and
- Strengthen program monitoring and reporting through better collection of routine data and the routine analysis and use of data for decision-making and targeted action.

The sustainable approaches that IPL promotes to reach the desired immunization coverage for infants and children:

- Build on the existing Ministry policies, plans and delivery system, especially the SISCa;
- Rely on community-level identification and mobilization of families to bring children for immunization; and
- Improve health workers' ability to manage and monitor the immunization delivery system through use of coverage and other data.

# 1. MAJOR ACCOMPLISHMENTS

IPL is highly valued among all health partners in Timor-Leste for its effective, collaborative work and professional integrity. The project's recent work with the 15th United States Marine Expeditionary Unit to serve many underserved and hard-to-reach communities with medical including immunization and dental cares has added to positive perceptions of IPL. As an active EPI working group member, IPL has contributed to many aspects of the national immunization program, from planning to implementation, to introduction of pentavalent vaccine in Timor-Leste.

The project supported 132 outreach sessions and 57 SISCas in this quarter. IPL supported the respective District Public Health Officers (DPHOs)/EPI to conduct EPI supportive supervision visits in 23 health facilities in all focus districts. Along with District Health Services (DHS) and CHC staff, IPL participated in 23 orientation sessions for 502 community leaders, such as suco council members, PSFs, teachers, religious leaders, and other volunteers. One suco in each of the 5 of the 7 focus districts and 2 sucos in Ermera introduced the Uma Imunizasaun tool, which facilitated the engagement of community leaders in community mobilization and tracking. IPL started a partnership with the NGO Clinic Café Timor (CCT)) to introduce the Uma Imunizasaun tool in the 68 aldeias in three districts where CCT works.

A rapid assessment was conducted to see the current status of immunization services (all antigens) offered by CHC vis-à-vis BSP standards. The Graph 4 shows that now 91% of all 34 CHCs offer immunization service daily compared to only 53% in 2011 (baseline, IPL).

The HMIS department of the MOH provided IPL with a draft population projection report which was prepared based on the 2010 population census and an electronic data base of immunization coverage for January- September 2013 by district. The denominator must still be considered preliminary; therefore, the MOH's HMIS department has not published its report for the year of 2012 yet. Nevertheless, IPL carried out an analysis of immunization coverage using both old and new projections and also using numerator (i.e. number of under-ones vaccinated) from January to September of 2011 and 2012. IPL presented this analysis to the EPI working group and the MOH. Figures 1, 2, and 3 clearly illustrate that there has been an absolute increase in immunization coverage, in particular for DPT3 and for the average of measles and DPT3 coverage. There is a 15% increase in DPT3 vaccination in 2012 compared to 2011, with a 20 % increase in the IPL focus districts. This result apparently indicates the impact that IPL's working approaches have had on improving immunization coverage in Timor-Leste.

**FIGURE 1: TOTAL INFANTS RECEIVED DPT3 VACCINE DURING JANUARY-SEPTEMBER 2012**

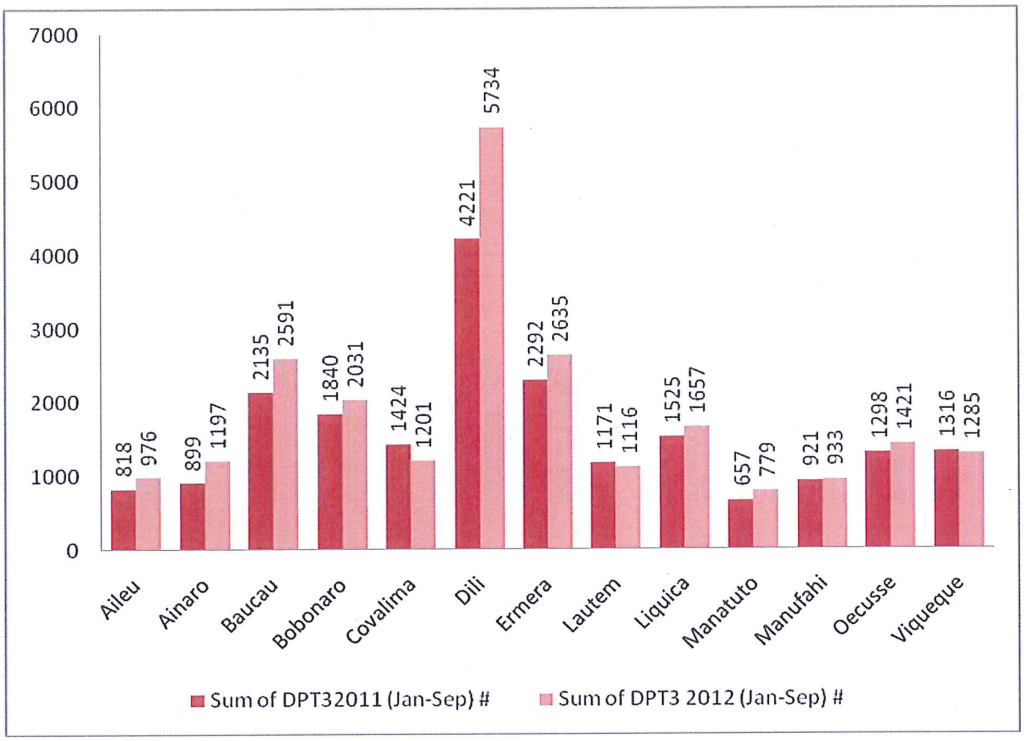
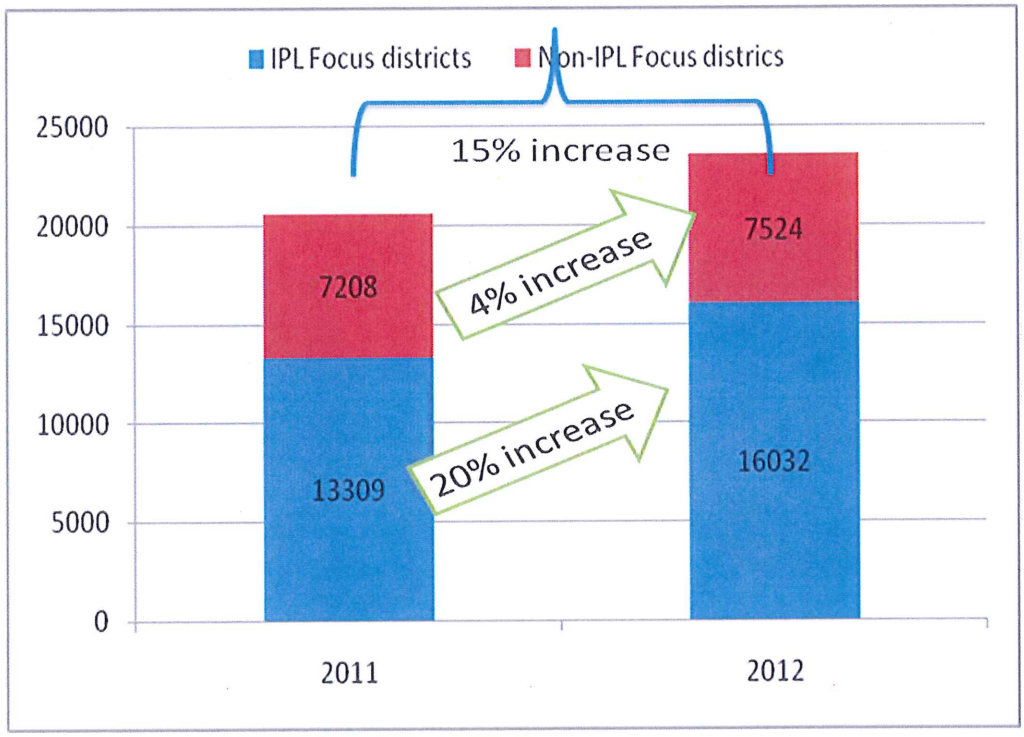
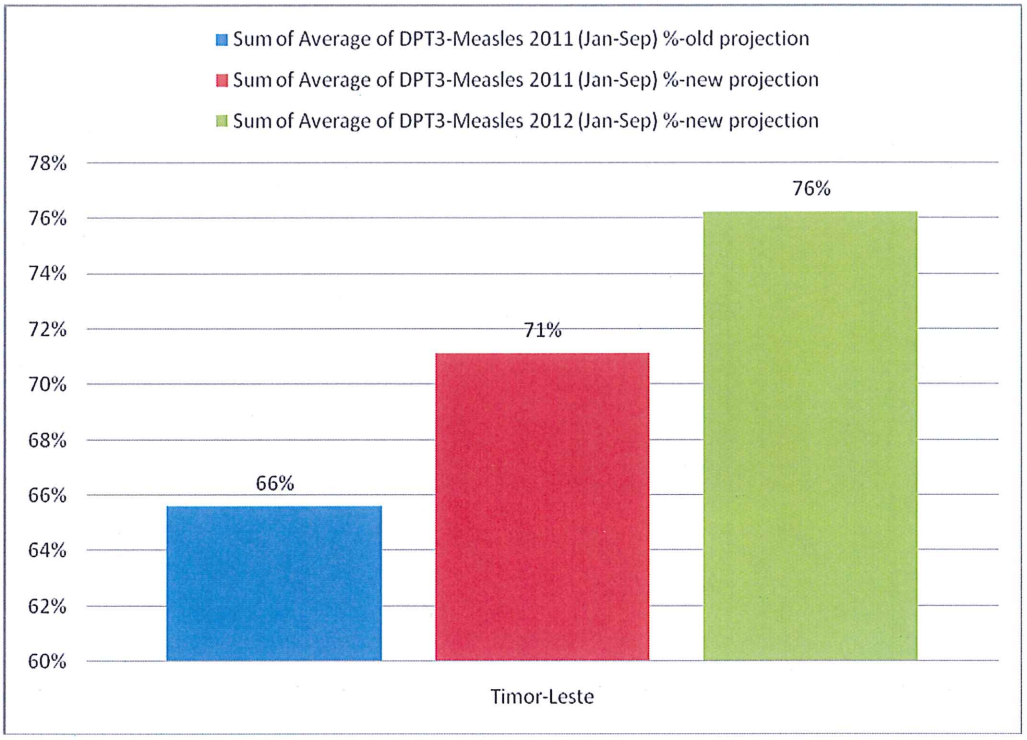


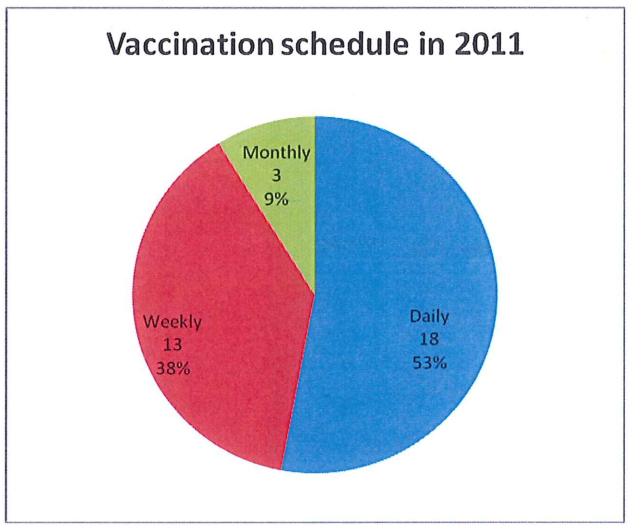

**FIGURE 2: TOTAL INFANTS RECEIVED DPT3 VACCINE DURING JAN-SEPT OF 2011 AND 2012**

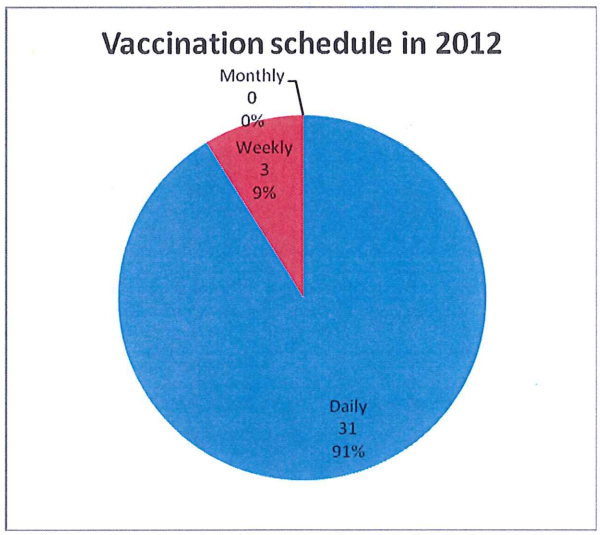


## FIGURE 3: AVERAGE OF DPT3 AND MEASLES USING BOTH NEW AND OLD DENOMINATORS




## FIGURE 4: VACCINATION SCHEDULE AT DIFFERENT CHCs



## 2. ACTIVITIES COMPLETED

| ACTIVITY | DATE | COMMENTS |
|---|---|---|
| • **Meetings with USAID and MCC:** Met with the USAID Heath Team Leader and Mr. Malik, MCC Director for Timor-Leste to review the project progress and discuss the scope of extension. | 29 November 2012 | |
| • **Meetings with the MOH and partners**: The IPL team participated in various management and coordination meetings, workshops, and other events with partners, including : EPI working group meetings; pentavalent vaccine introduction planning meetings; the Indonesian Midwives' performance evaluation meeting; the MOH-UN program review; meetings with the Director of General-Health; preparatory meetings with MOH for US Marine's mission, coordination meetings with the Health Improvement Project(HADIAK); meetings with CCT on strengthening collaboration; meeting with WHO on the denominator and to review the EPI strategy paper; partner coordination meetings at the DHSs. | October – December 2012 | Annex A: Planning note from HIP |
| • IPL, along with other partners such as UNICEF and WHO, provided the MOH with technical assistance in planning, developing IEC material, training, advocacy, and monitoring the activities related to pentavalent introduction. The project worked closely with partners to organize the national launching ceremony of pentavalent vaccine, which took place on 25 October 2012. | October 2012 | |
| • Mr Carlos Sarmento, Field Coordinator traveled along with four staff members from the EPI Section of the MOH to Jakarta, Indonesia to participate in a training on cold chain maintenance and repair organized by the MOH, Timor-Leste. | November 25-1 December 2012 | Annex B: Trip report |
| • IPL reviewed, amended, and updated the following manuals and plans in order to make necessary adjustments for recent changes in the local context: in order to cope with different changes: operations manual, local hire manual, and field security manual. IPL staff received a two-day orientation on the changes in different policies. | 8-9 November 2012 | |
| • IPL recruited its Operations Manager and oriented her accordingly. | November 2012 | |
| • IPL shifted to its new office space located at Rua Bairo Grillos in Dili. | 17 November 2012 | |
| • IPL handed over 28 motorcycles to the MOH through USAID acting Mission Director, Mellissa Francis on 30 November 2012, an event attended by two Vice-Health Ministers, DG Health, other colleagues from the MOH. This event was telecasted by the National Television and published by the different print media. Vice Health Minister appreciated IPL for its significant contributions in her speech. Later, all motorcycles were delivered to the respective health facilities following orientation sessions on motorcycle using policies. | November-December 2012 | |
| • | | |
| • **Visitors:**<br>- Elena Kanevsky, Finance Manager, JSI/MCHIP, visited Timor-Leste in order to provide technical support to IPL, particularly on admin and finance issues. She facilitated several orientation sessions on different policies, such as the local hire manual, operations manual. She also oriented the newly recruited Operations Manager on different organizational guidelines and relevant USAID rules and regulations. She worked with CoP and Operations Manager to review and finalize the FY'13 project budget. | 6-17 November 2012 | |

| ACTIVITY | DATE | COMMENTS |
|---|---|---|
| **Objective 1: Strengthen service delivery to identify and reach unimmunized children at least four times a year** | | |
| Along with Health Improvement Project (HADIAK), IPL supported the Ermera District Health Council (DHC), where the District Technical Working Group (DTWG) and Sub-district Technical Working Groups (SDTWG) were introduced by the Head of Health Policy Cabinet. It was agreed to set up the first SDTWG during the first week of December. The DHC was attended by the 6 CHCs Managers, DPHOs and partners. | 21 November 2012 | Budget managed by HADIAK |
| In collaboration with Health Improvement Project (HADIAK), IPL supported the first Sub-District Technical Working Group (SDTWG) in Ermera Vila Community Health Center (CHC). The meeting was attended by representatives from the eight sucos covered by the CHC and by partners. | 20 December 2012 | Budget managed by HADIAK |
| IPL supported 132 mobile clinics and outreach sessions, as per micro-plans, in all focus districts( 58 in Ainaro, 3 in Manufahi, 5 in Ermera, 23 in Liquica, 39 in Dili,2 in Baucau and Viqueque intended to reach unreached children .A few outreach centers had to be reached on foot, horseback, or by boat. All outreach sessions and mobile clinics offered integrated MCH services. | October – December 2012 | |
| IPL coordinated a recent visit by the 15th United States Marine Expeditionary Unit which arrived in country on October 10, 2012 for various activities, including different integrated outreach health activities. The team along with IPL and the MOH carried out 10 integrated outreach activities in five out of seven IPL focus districts—namely Ainaro, Baucau, Ermera, Manufahi, and Viqueque from 10-15 October: A brief report is available on the following link http://www.mchip.net/node/1362 | 10-15 October 2012 | |
| IPL engaged 317 community leaders to update the community-based tracking and mobilization tool, namely Uma Imunizasaun, in seven sucos in focus districts. CCT (Clinic Café Timor) has started using this tool in 68 aldeais in three districts where it works. A Terms of Reference for IPL and CCT collaboration on implementing the Uma Immunization tool in Timor-Leste was drafted and accepted. | October – December 2012 | Annex C: TOR<br>Annex D: A progress report from CCT |
| **Objective 2: Strengthen district and CHC-level program management capacity and technical skills among government health personnel.** | | |
| IPL presented the final version of supportive supervision package (tool and data entry spreadsheet to monitor the progress) to the EPI working group, which approved the package. The package will be socialized among the DPHOs by the EPI working group in January 2013 and field tested for three months before final printing. IPL and the respective DPHOs/EPI conducted EPI supportive supervision (SS) using the previous version of SS tool in 23 health facilities in focus districts: 2 CHCs in Baucau and Ermera each, 3 CHCs in Manufahi, Liquica, and Viqueque each, 5 CHCs in Ainaro and Dili each. Although significant improvements in vaccinator skills were observed, the followings issues are still major concerns: adequate use of EPI progress monitoring graph, not following the multi-dose vial policy (MDVP), not recording temperature of refrigerator properly, inadequate counseling, and stock-outs of vaccine, syringes, cotton, and gas. | October-December 2012 | Although BCG vaccine is available now but irregular supply gas for refrigerator is yet to be addressed.<br><br>Most of the supervision visits were integrated with other MCH programs |
| The National EPI Program Manager and different MOH staff paid a visit to Ainaro and Manufahi districts to see how IPL works with DHSs, CHCs, communities, and other partners and to assess the impact of its efforts on immunization coverage. The visitors felt that IPL was doing very good and effective work. | 17-20 December 2012 | |
| IPL supported respective DHSs in the focus districts to organize and facilitate different technical orientation sessions and advocacy meeting for pentavalent introduction at DHS and CHC levels. | October-November 2012 | Need to follow-up the progress and any adverse events following immunization (AEFI). |

| ACTIVITY | DATE | COMMENTS |
|---|---|---|
| **Objective 3: Strengthen SISCa as an effectively functioning community-based outreach mechanism for providing immunization and other health services.** | | |
| 23 sessions to orient community leaders on immunization, vitamin A and de-worming were organized in suco offices and facilitated by health staff from CHCs and DHS's. 502 community leaders, including suco council members, PSFs, teachers, religious leaders, and other volunteers, participated actively. Some sessions were facilitated in local languages. At the end of the training, facilitators provided PSFs with a small version of the Uma Imunizasaun tool to identify dropout and missing infants by aldeia. | October – December 2012 | |
| IPL gave up-to-date information related to immunization to 202 students in one school in Baucau, Ermera and Viqueque each; students were expected to disseminate the information to their families and communities. Most of the sessions were integrated with other health issues. IPL developed an orientation package and related job aids on immunization for the school orientation for junior high school. | October – December 2012 | Need to finalize the orientation curriculum |
| The team supported 57 SISCas in all focus districts (22 in Liquica, 10 in Baucau, 8 in Ermera, 6 in Ainaro, 5 in Manufahi and Viqueque each and 1 in Dili). Many SISCas did not take place as outlined in the micro-plans due to heavy rain and lack of funding from the MOH. | October – December 2012 | The Ministry of Health has intended to review the SISCa program. |
| IPL organized an immunization film show in one in Viqueque district to inform communities on the benefits of vaccination and motivate them to immunize their children. | October – 2012 | This event was organized with HIP |
| **Objective 4: Strengthen program monitoring and reporting through better collection of routine data and the routine analysis and use of data for decision-making and targeted action** | | |
| IPL analyzed and presented the impact of the draft (3rd version) population projection on immunization coverage in Timor-Leste. IPL raised its concern that the under 1 population in the final projection for 2012 is 18% higher than the 20120 population census enumeration. The EPI working group suggested that the HMIS department of the MOH and WHO work closely with the Statistic Department of Timor-Leste top resolve the issue. | 21 November 2012 | Needs follow-up |
| IPL collected HMIS reports from all districts and compared the compiled report with the national HMIS report. A huge gap has been identified between district and MOH reports, which was presented to the HMIS department, MOH. The HMIS department sought support from IPL to work on improving data quality at different levels. | December 2012 | Data quality issue will be discussed in the IPL's program review meeting |

## 3. Major Upcoming Activities

| ACTIVITY | DATE | COMMENTS |
|---|---|---|
| Staff recruitment: A temporary accountant will be hired to support the finance and admin team while regular field accountant will be on maternity leave starting in January 2013 for three months. | January 2013 | |
| The current MOU between MOH and IPL for provision of midwives to support Maternal and Child Health Program in Timor Leste will be reviewed and shared with the MOH for the DG's signature. All contracts with midwives will be extended up to 20 June 2013 to full fill a complete-seventeen-month assignment. | January-February 2013 | Already sent a draft amendment to MOU for their comment |
| Organize a workshop to review the progress against last year's detailed implementation plan (DIP) and to formulate DIP for 2013. | 14-16 January 2013 | |
| **Objective 1: Strengthen service delivery to identify and reach unimmunized children at least five times a year** | | |
| Work with HADIAK to develop an integrated micro-planning tool through adding few more indicators besides immunization and facilitate micro-planning sessions together in all CHCs covered by both projects. | January-March 2013 | |

| ACTIVITY | DATE | COMMENTS |
|---|---|---|
| Participate in quarterly micro-plan reviews at CHCs with partners, community leaders, and PSFs | January 2013 | |
| Meet quarterly with suco councils of the focus sucos to discuss the progress of immunization coverage and make plan for mobilizing their respective communities. | January-March 2013 | |
| Follow up the motorcycles already distributed among different CHCs respective CHCs. | January-March 2013 | |
| Continue updating the Uma Immunization tool in seven selected sucos and expand to new sucos based on review of current implementation. Support CCT on using the tool in their catchment areas. | January-March 2013 | |
| Support DHSs and CHCs to execute mobile clinics and EPI outreach planned in the micro-planning sessions at CHC level to reach the children in hard-to-reach areas | January-March 2013 | |
| **Objective 2: Strengthen district and CHC-level program management capacity and technical skills among government health personnel.** | | |
| Train DHS and CHC staff and partners using MLM training modules. | March 2013 | Funded by UNICEF |
| Train relevant MOH and partner staff on IIP and CCVM(cold chain and vaccine maintenance) | January-March 2013 | |
| Facilitate the trainings on cold chain and vaccine repair at CHC level | January-March 2013 | |
| Print and disseminate the supportive supervision checklist and data entry sheet | January-March 2013 | |
| Though SS, provide updates and coaching for district and selected CHC staff on effective vaccine supply and cold chain management | January-March 2013 | |
| **Objective 3: Strengthen SISCa as an effectively functioning community-based outreach mechanism for providing immunization and other health services.** | | |
| Facilitate inter-sectoral group/meetings at district and sub-district levels | January-March 2013 | |
| Orient community leaders (suco council, PSFs, teachers, catechists, and health workers) on the importance of immunization, communication skills and community mobilization | January-March 2013 | |
| Supervise and support SISCas as per micro-plans | January-March 2013 | Project team will coordinate with partners to share resources for supporting SISCas. |
| IPL will work with the MOH and MOE to finalize the school health orientation materials and job aids. | January-February 2013 | |
| **Objective 4: Strengthen program monitoring and reporting through better collection of routine data and the routine analysis and use of data for decision-making and targeted action** | | |
| Assist respective DPHOs to conduct quarterly supervision visits to CHCs to improve the accuracy and timeliness of monthly HMIS, EPI and SISCa reports in all focus districts | January-March 2013 | |
| Orient and assist CHCs to fill in the EPI registers and LISIOs correctly and report monthly on EPI by suco in all focus districts | | |
| Establish/strengthen monitoring and reporting systems that improve communication within and between the levels of service and with the community | January-March 2013 | |
| Assist the Dili DHS to develop a reporting and tracking system by suco for those children who receive vaccination outside their home suco | | |

| ACTIVITY | DATE | COMMENTS |
|---|---|---|
| Advocate for, and assist in development of, a tracking system to identify unreached and drop-out children and implementation of the family health register to separately list children under one | | Use it as a basis for tracking, follow-up and *suco*-level coverage of all target children for EPI. |
| Advocate to the MOH HMIS department to review and rationalize EPI-relevant data-collection tools and processes to be as efficient and useful as possible | | |

## 4. CHALLENGES:

- Micro-planning at CHCs did not take place this quarter due to time constraints. The team was busy with supporting US Marine team, introduction of pentavalent and few other national events. Moreover, there were many public holidays in November and December 2012 which also limited working days.

- Knowing what denominator to use remains a problem. Neither the population projection based on the population census of 2004 nor the population census of 2010 represents actual populations, according to most of the chefe sucos and CHC managers. The national statistics department has yet to publish the official denominators for 2012; therefore, the MOH has not yet published its routine reports for the first, second, and third quarters of 2012. In addition, not all districts report coverage by suco.

- Changes in the key MOH positions and restructuring of the MOH's organogram hindered decisions on how strengthen the health system.

- The implementation of IPL activities has contributed to creating community demand for vaccination through different community mobilization approaches; however, frequent stock outs of vaccines, syringes and cotton and irregular supply of gas sometimes demotivate the community and health staff as well.

- Executing the micro-plans and IPL's Detailed Implementation Plan properly will require more human resources than originally proposed. Moreover, inadequate logistical support, due mainly to a delay in procuring motorcycles, has hindered the smooth implementation of plans.

- USAID has yet to reach an agreement with the MOH and Government on the increased MOH-imposed per-diem for its staff. It is very difficult to organize any event at the national level involving government health staff. Moreover, most DHSs have recently increased transport and food allowances for participants of any meeting or training organized at DHS level, which is compelling the project to defer many activities.

- Continuous heavy rain resulted in calling off many planned activities and making it difficult or impossible for IPL and health staff to reach many project areas. This could threaten routine immunization coverage during this period.

- The project has an ambitious goal that requires a huge community mobilization for childhood immunization. PSFs are the frontline health workers who are supposed to play the most significant role in mobilizing the community; however, they are not receiving their incentive regularly, so it has been challenging to engage them in mobilizing their communities. Furthermore, some health workers are poorly motivated and have limited interest in executing outreach activities as per their micro-plan. During supervision visits many vaccinators were found to have deficient knowledge and skills on how to administer an immunization and how to store vaccine correctly in a refrigerator.

## 5. Results, Monitoring/Measurement

See Annex E (PMP)

## 6. Annual Financial Summary:

See Annex F